

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1391

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence			
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium				d. STREET ADDRESS (If rural, give location) 1602 West Short Street			
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) HENRY		c. (Last) EVANS	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 2, 1883	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY Religion		9. AGE (In years last birthday) 67		11. BIRTHPLACE (State or foreign country) South Wales	
13a. FATHER'S NAME No Data		13b. MOTHER'S MAIDEN NAME Margaret		14. NAME OF HUSBAND OR WIFE Mrs. Mable Mills Evans		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mable Mills Evans, Indep., Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of Pancreas  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  157X				INTERVAL BETWEEN ONSET AND DEATH About 6 mos	
19a. DATE OF OPERATION 12/21/50		19b. MAJOR FINDINGS OF OPERATION Ca Pancreas & generalized abdominal metastasis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 29, 1950, to Feb 3, 1951, that I last saw the deceased alive on 7/5/51, 19, and that death occurred at 10 A.M., from the causes and on the date stated above.							
23a. SIGNATURE R. R. Speaks (Degree or title)				23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 2/4/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/5/51		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) So. St. Paul, Minnesota	
DATE REC'D BY LOCAL REG. Feb. 4-1951		REGISTRAR'S SIGNATURE R. R. Speaks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland R. Speaks, Independence, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 8 RECD

MAR 27 1951  
MAR 14 1951

JAN 16 1953

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4504

P. O. Address Kansas City 3, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.